***FOR OFFICE USE ONLY**	k	***FOR OFFICE USE ONLY**				
Demonstrator's Permit Checkli	est	Application Approved:				
☐ Application	RHODE	License Number:				
☐ Copy of Current out-of-state licen☐ Photo	se s	Issue Date:				
Resume						
		Signature of Board Administrator				
	TO PEDE	ID#:				
		Receipt #:				
_	Rhode Island					
Boar	d of Hairdressing & Ba Room 104 3 Capitol Hill Providence, RI 02908-5097	rbering				
Inst	ructions and Application	on For				
	Demonstrator's Permit					
Туј	e of Demonstration to be offered:					
se #_	Hairdresser					
	Esthetician					
Licen	Manicurist					
	Barber					

FOR OFFICE USE ONLY

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828 TTY/TDD: (800) 745-5555 Fax: (401) 222-1272

Application Process Overview

- 1. Make a copy of the application and forms before you begin in case you make a mistake.
- 2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
- 3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
- 4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
- 5. It is your responsibility to check on the status of your application.

General Instructions

Complete and submit application along with the following:

- 1. Completed application signed & notarized
- 2. Fee of \$90.00 (Non Refundable Money Order ONLY Payable to RI General Treasurer).
- 3. Copy of your Current of out-of-state license.
- 4. Passport size photograph
- Resume a short resume substantiating the applicant's recognition as an authority or expert in the theory or practice of hairdressing/cosmetology,

Mail To:

Rhode Island Department of Health Board of Hairdressing & Barbering Room 104, 3 Capitol Hill Providence, RI 02908-5097

It is the sole responsibility of the applicant to check the status of his/her application. One should not assume that once the application is mailed to our office, a permit will be issued. Please allow 3-4 weeks for processing. If you have any questions about this application process, or you would like to check on the status of your application, please contact this office at (401) 222-2828.

Once your application is complete it will be reviewed, and you will be issued a permit. **To obtain your permit number prior to receiving your permit, please refer to the HEALTH Licensee Lookup web site:**

https://healthri.mylicense.com/Verification/

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

http://www.health.ri.gov/atoz/

Title 5, Chapter10, entitled: <u>Barbers, Hairdressers, Cosmeticians, Manicurists and Estheticians</u> can be downloaded at the following web web site:

www.rilin.state.ri.us/statutes/title5/5%2D10/index.htm



State of Rhode Island Board of Hairdressing & Barbering

Application for License as a Hairdresser/Barber/Manicurist/Esthetician/Instructor

Refer to the	Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.			
1. Name(s)				
This is the name that will be printed on your License/Permit/ Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.	Title (i.e., Mr., Mrs., Ms., etc.) First Name Middle Name Surname, (Last Name) Suffix (i.e., Jr., Sr., II, III) Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). "Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws as amended, I attest that I have filed all applicable tax returns and an acid all taxes and paid at taxes and a said and taxes are a said and taxes an			
	that my Social Security Number (SSN) will be transmitted to the Divison of Taxation to verify that no taxes are owed to the State."			
3. Gender	Male Female			
4. Date of Birth	Month Day Year			
5. Home Address It is your responsibility to notify the board of all address changes.	Ist Line Address (Apartment/Suite/Room Number, etc.) Second Line Address (Number and Street) City State Zip Code Country, If NOT U.S. Postal Code, If NOT U.S. Home Phone Home Home Fax Email Address (Format for email address is Username@domain e.g. applicant@isp.com)			
6. Type of Demonstration	Type of Demonstration			
7. Sponsoring Organization	Sponsoring Organization			
8. Start Date of Demonstration	This permit will be issed effective the Demonstration Start Date and will be valid for not more that six (6) days. It is NOT renewable.			
9. Current State License Information	Issue Date Expiration Date State Abbreviation Nant Day Year Month Day Year			

	Аррисанс. ТТ	int your complete last hame >			
10. Affidavit of Applicant Complete section 10 and sign in the presence of a notary public. Make sure that you and the notary public	I,sions Regulation for a Demonstrator's provisions of the Rules and Regulation Signature of Apprentice				
have completed all components	Signature of Apprentice Date of Signature (MM/DD/YY)				
accurately and completely.		acknowledged before me this			
	who is personally known to me or has producedas documentation and did / did not take an oath.				
	as documentation and did / did	not take an oath.			
			: : : : : : : : : : : : : : : : : : : :		
	Name of Notary (Print, Type or Stamp)	Signature of Notary	Notary Seal		
	Notary No/Commission No.	Commission Expiration Date (MM/DD/YY)	<u> </u>		
Photograph Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone). Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses. Full length photos will not be accepted.	Write your name on the back of the	Affix Photo Here photograph, and provide the date that the p Date of Photograph	shotograph was taken.		